

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/16/2015	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401			
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 15 &amp; 16, 2015</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Residential sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>		R 0000				
R 0121  Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to ensure a two-step tuberculin skin test was completed prior to hire for 1 of 2 newly hired employees reviewed for tuberculin health screen. (Cook #1).</p> <p>Findings include:</p>		R 0121	<p>#R121</p> <p>1. Corrective Action: Personnel</p> <p>Cook #1 has been set up for a new two step mantoux within the</p>		08/07/2015	

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	<p>Review of Cook #1's employment records on 7/16/2015 at 11:00 a.m., indicated a date of hire as 1/22/2015.</p> <p>Cook #1 received a first step tuberculin test on 5/5/2015. The skin test was read on 5/8/2015. The second step tuberculin test was administered on 5/23/2015, and read on 5/26/2015.</p> <p>During at interview on 7/16/2015 at 11:30 a.m., the Administrator indicated Cook #1 was previously employed at another facility and received a tuberculin test prior to coming to work however, the facility did not have documentation of that test being given.</p> <p>On 7/16/2015 at 12:00 p.m., the Administrator provided the policy "Tuberculosis (TB) Test Consent" dated 3/2012, and indicated the policy was the one currently used by the facility. The policy indicated, "The TB status of the associate is to be established prior to initial assignment and at least annually thereafter ..."</p>		<p>appropriate timeframes. A TB Surveillance form has been completed by the registered nurse and the associate was found to be asymptomatic for risk factors at this time.</p> <p>2. How to identify other personnel with the potential for similar events:</p> <p>Other associates have the potential to be affected by the alleged deficient practice.</p> <p>The Business Office Manager (BOM) will complete an audit of associate records to verify other associates have completed Mantoux testing as required. New hires will be reviewed for TB testing needs prior to start dates, and will be assigned for the appropriate two step schedule and annual testing by the BOM/designee.</p> <p>1.Systematic Changes</p> <p>The BOM/designee will be re-educated on the TB testing requirements and the use of a monthly schedule/tickler system for new and existing associates, which</p>				

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R 0148  Bldg. 00	410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and			<p>will indicate monthly due dates for TB tests. This audit tool will be monitored monthly by the BOM/designee to verify compliance with regulatory standards.</p> <p>4. Quality Assurance</p> <p>The BOM/designee will provide Executive Director (ED) with a list of associates requiring annual TB testing prior to the due date, so that BOM can timely notify the associate to obtain the required testing. If associate fails to report required testing prior to the due date, they will be taken off the schedule until they are back in compliance. The BOM will provide audit results to the ED on a monthly basis, and the ED will be responsible for directing additional actions.</p> <p>1.Date of compliance: 8-7-15</p>			

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	<p>implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to ensure residential laundry dryers were maintained in clean condition and free of hazards for 2 of 2 laundry dryers observed during environmental tour.</p> <p>Findings include:</p> <p>On 7/15/15 at 11:30 a.m., with the Wellness Director present the following was observed in the laundry room:</p> <p>There was a large square hole behind 1 of 2 dryers with lint from the dryer inside of the hole on the floor.</p> <p>There was heavy lint behind the dryers on a wood board, on the wall, the floor, and the ceiling.</p> <p>There were 2 metal vent ducts attached to the dryers which were not attached to the</p>	R 0148	<p>R 148</p> <p>1. Corrective Action: Sanitation &amp; Safety</p> <p>There have not been any negative outcomes due to the condition of residential laundry dryers. The 2 of 2 dryers were cleaned and assessed as free of hazards as of Thursday, July 16. Condition of dryers observed by Maintenance Technician (MT) and Executive Director (ED).</p> <p>2. How to identify other laundry equipment with potential for similar events:</p> <p>Laundry room equipment has been checked and will be observed and</p>	08/07/2015			

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	<p>outer wall and had lint covering them.</p> <p>On 7/15/15 at 2:30 p.m., with the Wellness Director present observed the dryer vent exhaust to have tape wrapped around the exhaust. There was lint covering a wood board behind the dryers and the vent exhaust. The Wellness Director indicated maintenance had been in the laundry room to fix the opening in the vent exhaust.</p> <p>On 7/16/15 at 9:00 a.m., the Maintenance Supervisor indicated, the laundry dryers were cleaned every 3 months. The Maintenance Supervisor indicated the tubing was replace on 7/16/15.</p> <p>On 7/15/15 at 3:30 p.m., the Administrator provided documentation labeled "WORK HISTORY REPORT" which indicated the last laundry dryer maintenance task was completed on 7/8/15. The following was included in the maintenance task: "...Check lint screens for holes, Clean equipment, Visually inspect equipment, ...Remove dryer front and clean lint, ...Clean lint traps and exhaust, ... Inspect to verify cleaning per facility policy. ..."</p> <p>On 7/17/15 at 11:15 a.m., the Administrator provided documentation labeled "Common Area Cleaning" dated</p>		<p>audited by MT/designee to verify regulatory standards are being met.</p> <p>3. Systematic Changes:</p> <p>The MT will be re-educated by the ED on the sanitation and safety standards of dryer equipment. MT will monitor and complete cleaning of 2 of 2 dryers and complete weekly audit form. MT/designee will provide ED with weekly audit forms verifying the compliance of equipment. This audit will be ongoing to verify regulatory standards are being met.</p> <p>4. Quality Assurance:</p> <p>The MT/designee will be responsible for weekly updates of the laundry room. The MT will complete weekly audits of laundry room equipment to verify equipment is in regulatory compliance. The weekly audit form will be provided to the ED for verification and directing additional actions.</p> <p>5. Date of compliance: 8-7-15</p>				

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R 0151  Bldg. 00	<p>10/25/11, and indicated the documentation was the one currently used by the facility for cleaning guideline. The documentation indicated, "...Laundry room...Frequency 3 X [time] week, ...Sweep/mop, wipe machines, ...Shift 2 [second] ..."</p> <p>On 7/16/15 at 12:15 p.m., the Administrator indicated there was no facility policy for cleaning of laundry equipment.</p> <p>410 IAC 16.2-5-1.5(h) Sanitation &amp; Safety Standards -Noncompliance (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. Based on interview and record review, the facility failed to ensure an annual veterinary examination was timely completed for 1 of 1 household pets housed in the facility.</p> <p>Findings include:</p> <p>On 7/15/2015 at 10:45 a.m., the Administrator indicated one resident in the facility housed an animal, which was a cat.</p> <p>On 7/16/2015 at 10:00 a.m., the Administrator provided the document</p>		R 0151	<p>R 151</p> <p>1. Corrective Action: Sanitation &amp; Safety</p> <p>There have not been any negative outcomes due to Pet #1 not receiving timely annual immunizations. Pet #1 has been removed from the community, and has a scheduled immunization appointment August 13th. Family will provide Executive Director (ED) with completed immunization record.</p>		08/15/2015	

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	<p>titled, "Certification of Vaccination," for the cat. The certificate indicated the last date of vaccination was 5/30/2014, and the next vaccination was due on 5/30/2015.</p> <p>On 7/16/2015 at 10:05 a.m., the Administrator indicated there had been multiple attempts made to the resident's family to try and get the cat vaccinations up to date. The Administrator provided a contact sheet which indicated attempts to reach the family were made on: 5/10/2015, 5/25/2015, 6/10/2015, 6/20/2015, 7/1/2015, 7/8/2015, 7/13/2015 and 7/15/2015. On 7/13/2015, the contact sheet indicated the facility spoke with the POA (Power of Attorney) regarding vaccinations for the cat and informed the POA the cat would be removed by 7/31/2015, if the vaccinations were not completed.</p> <p>On 7/16/2015 at 10:00 a.m., the Administrator provided the policy titled "Pet Policy" dated 9/1/1997, and indicated it was the one currently used by the facility. The policy indicated, "...C. 1. The resident's pet must be current and have regular examinations and vaccinations by a licensed veterinarian ..."</p> <p>On 7/16/2015 at 11:55 a.m., an interview</p>		<p>2. How to identify other resident household pets with the potential for similar events:</p> <p>Business office manager (BOM)/designee will audit veterinary examination records to verify other household pets have received required immunizations. New resident pets will be reviewed for immunization records prior to visiting/living in the community, and immunization scheduled appointments for annual testing will be verified by the BOM/designee in a timely fashion.</p> <p>1. Systematic Changes:</p> <p>The BOM/designee will be reeducated on the household pet immunization requirements and the use of a reminder file for tracking updated immunization tests for household pets. This tool will indicate monthly due dates for the immunizations. This audit will be monitored monthly by the ED to verify compliance with regulatory standards.</p>				



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R 0273  Bldg. 00	<p>with a staff member at the cat's veterinary office indicated the cat had not been vaccination this year and was overdue, on 5/30/2015, for a rabies vaccination. The staff member further indicated, an annual examination should be done within 1 year of the last vaccination which was on 5/30/2014.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure as indicated by the facility policy and the 410 IAC-7-24 Retail Food Establishment Sanitation Requirements staff labeled and stored food in a sanitary manner and an</p>		R 0273	<p>2. Quality Assurance:</p> <p>The BOM/designee will contact families and/or residents a month prior to when their household pet is due for their annual immunization testing. BOM will also provide ED with list of resident/family members contacted. In the event the family/resident fails to provide the community with proper documentation of pet testing by due date, the household pet will be removed from the community until in compliance. The BOM/designee will provide audit results to the ED on a monthly basis.</p> <p>3. Date of compliance: 8-15-15.</p> <p>R 273</p> <p>1. Corrective Action: Food and Nutritional Services</p>		08/07/2015	

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	<p>ice machine was free from debris for 1 of 1 kitchen.</p> <p>Findings include:</p> <p>The following was observed during a kitchen tour, on 7/15/15 at 10:35 a.m., with the Kitchen Supervisor (KS) present:</p> <ol style="list-style-type: none"> <li>1. A plastic scoop was observed in a contain of breakfast cereal. The KS indicated the scoop should not stored with food.</li> <li>2. Four clear, plastic, refillable bottles were observed in the refrigerator. The bottles contained ketchup and the tip of the bottles were open to air. The bottles did not contain a label that indicated the preparation date. The KS indicated the age of the ketchup could not be determined without a preparation date.</li> <li>3. Ten drink pitchers (3 tea, 3 lemonade, 4 red punch) were observed in the refrigerator without a preparation date label. The KS indicated there should be a label on each pitcher.</li> <li>4. The ice machine was observed to contain a dry, white substance on the outside of the lid and in the channels surrounding the rim of the machine. The</li> </ol>		<p>There have not been any negative outcomes because of the failure to ensure proper labeling and storage of food in a sanitary manner and an ice machine free of debris for 1 of 1 kitchen. The food not labeled or stored properly was discarded and the ice machine was cleaned, all to ensure compliance with regulatory standards</p> <p>2. How to identify other storage and labeling issues with potential for similar affects:</p> <p>Labeling, food storage and sanitation will be reviewed with Dining Services Coordinator (DSC) to verify standards have been met to meet regulatory compliance.</p> <p>3. Systematic changes:</p> <p>The DSC will be reeducated by the ED on the storage, labeling, and ice machine sanitation standards. The DSC will be responsible for completing weekly audits for verification that all food/drink is properly labeled and stored, and will</p>				

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	<p>KS indicated the ice machine is routinely cleaned every month, but he would add it to the regular kitchen cleaning schedule.</p> <p>On 7/16/15 at 9:56 a.m., the Administrator provided the facility's policy, "Labeling," revised 5/10 (May 2010), and indicated it was the policy currently being used by the facility. The policy indicated, "... 2. All prepared items ... must have a label with the name of item, date prepared, by whom, and date of discard. ..."</p> <p>On 7/16/15 at 11:17 a.m., the Administrator provided the facility's policy, "Dispensing Ice," revised 5/10 (May 2010), and indicated it was the policy currently being used by the facility. The policy indicated, "... 1. Ice must be ... stored in a sanitary manner. ..."</p> <p>On 7/16/16 at 6:24 p.m., a review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT MANUAL: 410 IAC 7-24-180," dated November 13, 2004, indicated, "Condiments; protection... (a) Condiments shall be protected from contamination by being kept in: (1) dispensers that are designed to provide protection; ... (3) original containers designed for dispensing..."</p>		<p>complete a weekly audit form. This will be immediate and ongoing to ensure regulatory standards are being met.</p> <p>4. Monitoring Q and A plan: The DSC will be responsible for weekly updates and audits of food storage, labeling, and ice machine sanitation. The DSC will complete weekly audits to verify company's with regulatory standards. The audit firm will be provided to the ED who will be responsible for directing additional actions.</p> <p>5. Date of compliance: 8-7-15</p>				

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